

SUMMARY

In this essay we have studied malignant melanoma with an account on the definition , incidence , aetiology , pathology , clinical presentation , diagnosis , treatment and prognosis .

The term melanoma refers to a malignant lesion originating in the melanoblasts of the skin . The tumour may develop in any area of the skin , mucous membrane or pigmented region of the eye .

This tumour accounts for 1 - 3 % of all malignant neoplasms and comprises 5 % of all skin cancer ; but the rate of incidence is currently rising faster than any other cancer .

Cutaneous malignant melanoma may develop either on top of a pre-existing naevus or skin that has been regularly exposed to the sun .

The precursor lesions for malignant melanoma include dysplastic naevi and giant congenital naevocellular naevi .

Primary cutaneous malignant melanoma is common in those aging 54 years and females are commonly affected than

males . Also malignant melanoma is more frequent in Caucasians (Whites) than in black populations ; while acral lentiginous melanoma was being predominant in blacks .

In females ; the leg is the commonest site to be affected and in males it is the trunk .

The colour of the gross tumour varies from erythematous in the non pigmented lesion through various shades of brown to black colour . The tumour is characterized by its relative fragility with bleeding on injury .

Microscopically , malignant melanoma is characterized by:

- a) The cells are either fusiform or oval with nuclei and cytoplasm larger than those of the normal melanocytes and mitotic figures are seen .
- b) Lymphocytic and sometimes plasma cell infiltrate is often quite abundant in the early lesions .

Malignant melanoma show early vascular invasion and spread rather than lymphatic spread which occur in advanced cases of melanoma . Also melanoma spreads superficially in the form of satellite lesions in the skin .

Primary cutaneous malignant melanoma is classified into

4 types which include ;

- i) Lentigo maligna melanoma ;
- ii) Superficial spreading melanoma ;
- iii) Nodular melanoma and
- iv) Acral lentiginous melanoma .

There are 2 micro-staging systems for malignant melanomas which include ;

- a) Level of invasion (Clark's method) and
- b) Tumour thickness (Breslow's method) .

The most common and frequent clinical presentations of malignant melanoma observed by the patients are growth , change of colour (especially darkening) and shape of a pre-existing naevus . Other presentations include ; itching , bleeding , inflammation , crusting and oozing or bleeding .

An additional aid to the clinical recognition of malignant melanoma include ; the use of skin surface microscope , dermatoscope and computerized image analysis ; but the surest method of diagnosis of malignant melanoma is the histopathological examination of the lesion following excision biopsy .

Two tumour markers are proposed for following the course

of malignant melanoma . These tumour markers are neurone specific enuolase and serum associated sialic acid .The normal value of each one is 20 mg.% .

The primary curative therapy for malignant melanoma is surgery . Other available modalities include , radiotherapy , chemotherapy and immunotherapy alone or in combination and are at the best palliative at the present time .

The prevention of malignant melanoma is done by the use of sunscreens .